

# Technical Assistance and Consultation Manual for Day Care Center Rules

Family Independence Agency  
Office of Children and Adult Licensing

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- (5) The licensee shall provide for the development and implementation of a written, on-going staff training plan.

#### **TECHNICAL ASSISTANCE**

An acceptable staff training plan should address:

- CPR and First Aid training as required by P.A. 116 of 1973, MCL 722.112a(1).
- Child abuse and neglect reporting procedures as required by R400.5102(c).
- Training on the supervision plan for volunteers as required by R400.4105a(3).
- Training on appropriate positive methods of discipline as required by R400.5107.
- Emergency evacuation as required by R400.5113a(2).
- Health Care Services Plan, if applicable, as required by R400.5207.

#### **CONSULTATION**

An effective staff training plan would also provide for training in the following areas:

- Center licensing rules
- Child development
- Primary caregiving if applicable
- Diapering, toilet training and hand washing procedures, if applicable
- Medication administration if applicable
- Field trip procedures if applicable
- Water activities procedures if applicable

**R 400.5104b**

**Health of staff and volunteers; report.**

- (2) A center shall have on file evidence that each staff member and each volunteer who has contact with children at least 4 hours per week for more than 2 consecutive weeks is free from communicable tuberculosis, verified within 2 years before employment and every 2 years thereafter.

**TECHNICAL ASSISTANCE**

Chest x-rays are acceptable in lieu of TB skin tests. A new chest x-ray is required at least every two years.

Pregnant women are often advised by their doctors not to have a TB skin test or chest x-ray. In this case, the staff member/volunteer must submit a doctor's statement verifying this. The TB test would be required as soon as medically safe after delivery.

- (1) A minimum of 2 staff members, 1 of whom is a caregiver, shall be present at any one time in the center and during outdoor activities and field trips if 7 or more children are present.

### TECHNICAL ASSISTANCE

The intent of this rule is to cover the times when a minimal number of children are on the premises and only one caregiver is required per ratio rule 5105(2). This situation is more likely to occur during opening and closing times. It is meant to assure sufficient staffing in case of emergency. The second staff person must be available to the caregiver on the premises of the center or on a field trip in case there is need for assistance. This second staff person does not need to be a caregiver until an additional caregiver would be necessary per ratio requirements.

#### Example 1:

There are 20 children, 3 to 4 years of age, in attendance in the center and there are two caregivers. Ten children and one caregiver go outside to the adjacent playground to play; 10 children stay inside with one caregiver. This meets the ratio requirements. The center does not have to provide a second staff person inside and a second staff person outside under these circumstances. Compliance is cited.

Should 10 children leave the center to go to the park, on a field trip, or other activity away from the center, a second staff person would have to go with them and a second staff person would be required inside the center.

#### Example 2:

There are 6 children, ages 3 to 4 years of age, present with one caregiver. When the 7<sup>th</sup> child arrives, a second staff person is required. When the 11<sup>th</sup> child in this age group arrives, another caregiver is required to meet the 1:10 caregiver to child ratio for this age group.

#### Example 3:

There are 6 children, 4 to 5 years of age, present with one caregiver. When the 7<sup>th</sup> child arrives, a second staff person is required. When the 13<sup>th</sup> child in this age group arrives, another caregiver is required to meet the 1:12 caregiver to child ratio for this age group.

**Note:** When age groups of children are mixed, the center must meet the ratio requirement for the youngest child in the group.

“Caregiver” is a person providing direct care, supervision, and guidance of a child.

“Staff member” is a person who is in a position to assist a caregiver as needed, i.e., bus driver, cook, custodian, secretary, etc.

(2) The ratio of caregivers to children present at any one time in the center and during outdoor activities and field trips shall be based upon both of the following provisions:

- (a) For children 3 to 4 years of age, there shall be 1 caregiver for 10 children or each fraction of 10, including children who are related to the staff and the licensee.
- (b) For children 4 to 5 years of age, there shall be 1 caregiver for 12 children or each fraction of 12, including children who are related to the staff and the licensee.

## TECHNICAL ASSISTANCE

Children are **never** to be left unattended. Occasionally, **if two or more caregivers are present**, a caregiver may need to be away from their assigned area of the center, for a brief period of time, for routine activities such as use of restroom, toileting a child, attending to a sick child, escorting children from the bus, etc. The center would not be cited for this type of situation unless there is a significant disruption in the room, children's needs are not being met, or caregiver absences become too lengthy or too frequent.

### Nap Time Supervision

When all children in a room are asleep and settled, one caregiver may provide supervision. This will be dependent on the size of the room, the number and ages of children, the lighting in the room, etc. Additional caregiver(s) must be onsite and immediately available. When children begin to awake or become restless, normal ratio and supervision requirements apply.

### Combining Age Groups

When combining age groups of children, the caregiver to child ratio for the youngest child applies. The center may also designate the appropriate number of caregivers for each subgroup in the mixed age group. It should be easily observed that the caregivers designated for each subgroup are responsible for the care and supervision of the children in the subgroup. If it is observed that the caregivers are not responsible for a subgroup but for the whole group on a random basis, a violation should be cited.

### Example 1:

14 four year olds are on the playground adjacent to the center with two caregivers. A boy scrapes his knee from falling and one caregiver takes him into the center to put a band-aid on his knee. She returns to the playground within a few minutes. Compliance is cited.

### Example 2:

There are 11 children, 3 to 5 years of age, with one caregiver outside on a playground, which is located across the street from the center. Caregivers inside the center cannot see or hear what is occurring on the playground and are not available to assist in caring for the children. Noncompliance is cited.

- (4) A center shall provide appropriate care and supervision of children at all times.

### TECHNICAL ASSISTANCE

Caregivers have the responsibility to meet the basic needs of each individual child and to assure their safety and well being. Providing appropriate care and supervision of all children involves:

- Maintaining required caregiver to child ratios.
- Providing a program that meets the developmental needs of all children in care.
- Interacting with each child in a positive manner.
- Knowing what activities the children are engaged in.
- Knowing the whereabouts of each child at all times.
- Being close enough to the children to provide for their safety.

#### Nap Time Supervision

When all children in a room are asleep and settled, one caregiver may provide supervision. This will be dependent on the size of the room, the number and ages of children, the lighting in the room, etc. Additional caregiver(s) must be onsite and immediately available. When children begin to awake or become restless, normal ratio and supervision requirements apply. Due to the high risk and specialized needs of children under 2½, specified ratios must be maintained in the room.

#### Temporary Absence

Occasionally a caregiver may need to be briefly absent from their assigned area of the center. Examples would be caregiver use of restroom, toileting a child, attending to a sick child, escorting children from the bus, etc. This would not be cited as a violation of this rule unless there is significant disruption in the room or children's needs are not being met.

### CONSULTATION

The following publications may be helpful in providing appropriate care and supervision to children:

- BRS PUBLICATION 687--*Keeping Track at all Times: Preventing Lost Children* (available on the Department's website)
- BRS PUBLICATION 688 --*Biting What Can I Do To Stop It* (available on the Department's website)
- BRS PUBLICATION 685--*Animals and Children: Friends or Foes* (available on the Department's website)
- BRS PUBLICATION 689 --*Fussy Baby* (available on the Department's website)

- (4) A center shall provide appropriate care and supervision of children at all times.

### **TECHNICAL ASSISTANCE FOR WATER ACTIVITIES**

**Careful supervision and monitoring of children during all water activities is extremely critical.**

During water activities the licensee is responsible and accountable for:

- Maintaining compliance with all swimming requirements as defined in R 400.5502.
- Assuring appropriate supervision of children who are engaged in non-water activities away from the immediate water activity area.
- Assuring that all children engaged in water activities can be easily observed.
- Assuring the water activity is appropriate, and checking the water activity area for general safety.
- Assuring that inflatable toys and rings are used for play purposes only and not as safety devices.
- Assure that a serious accident or injury plan includes steps to be taken if a child is injured in the water.
- Know the water depths and/or strength of currents when in natural water settings.
- Assure that all caregivers are trained regarding their responsibilities for supervising children during water activities.

**NOTE:** The U.S. Consumer Product Safety Commission has identified the use of heated hot tubs/spas and the use of jets in hot tubs/spas as hazardous for children. They are not considered safe or appropriate water activities for children.

### **CONSULTATION FOR WATER ACTIVITIES**

**Important facts about water activities:**

- According to the US Consumer Products Safety Commission, an estimated 260 children under 5 years of age drown each year in residential swimming pools and spas.
- Drowning is the second leading cause of accidental deaths of children 5 and under.
- A child can drown in less time than it takes to answer the telephone. (Irreversible brain damage can occur in 3-5 minutes.)
- A child can drown in as little as 2 or 3 inches of water.
- Twenty-five percent of all drowning victims have had swimming lessons.



### **CONSULTATION FOR *WATER ACTIVITIES* (cont'.)**

The following best practices are recommended:

- Assure that children are familiar with the rules for behavior in and around the water activity area.
- Always obtain written permission from the parents before taking children to a water activity area.

**R 400.5105a**

**Staff: additional provisions for care of children between ages birth and 3 years.**

- (1) At least 2 staff members, 1 of whom is a caregiver, shall be present at any one time in the center and during outdoor activities and field trips when at least 3 children between the ages of birth and 3 years of age are present.

**TECHNICAL ASSISTANCE**

The intent of this rule is to cover the times when a minimal number of children are on the premises and only one caregiver is required per ratio rule 5105a(2)(3). This situation is more likely to occur during opening and closing times. It is meant to assure sufficient staffing in case of emergency. The second staff person must be available to the caregiver on the premises of the center or on a field trip in case there is need for assistance. This second staff person does not need to be a caregiver until an additional caregiver would be necessary per ratio requirements.

**Example:**

There are 2 children, 1½ and 2 years of age, present with one caregiver. When the 3rd child arrives, a second staff person is required. When the 5th child arrives, another caregiver is required to meet the 1:4 caregiver to child ratio.

Should one caregiver take 4 children under age 3 to the park, for a walk, or other activity away from the center, a second staff person would need to accompany them.

**Note:** When age groups of children are mixed, the center must meet the caregiver to child ratio requirement for the youngest child in the group.

“Caregiver” is a person providing direct care, supervision, and guidance of a child.

“Staff member” is a person who is in a position to assist a caregiver as needed; i.e., bus driver, cook, custodian, secretary, etc.

- (2) The ratio of caregivers to children between the ages of birth and 2 1/2 years of age present at anyone time in the center and during outdoor activities and field trips shall be at least 1 caregiver for 4 children or each fraction of 4, including the children who are related to the staff and the licensee.

### **TECHNICAL ASSISTANCE**

Children are **never** to be left unattended. Occasionally, **if two or more caregivers are present**, a caregiver may need to be away from their assigned area of the center, for a brief period of time, for routine activities such as use of restroom, toileting a child, attending to a sick child, escorting children from the bus, etc. The center would not be cited for this type of situation unless there is a significant disruption in the room, children's needs are not being met, or caregiver absences become too lengthy or too frequent.

#### **Nap Time Supervision**

When all children in a room are asleep and settled, one caregiver may provide supervision. This will be dependent on the size of the room, the number and ages of children, the lighting in the room, etc. Additional caregiver(s) must be onsite and immediately available. When children begin to awake or become restless, normal ratio and supervision requirements apply.

#### **Combining Age Groups**

When combining age groups of children, the caregiver to child ratio for the youngest child applies. The center may also designate the appropriate number of caregivers for each subgroup in the mixed age group. It should be easily observed that the caregivers designated for each subgroup are responsible for the care and supervision of the children in the subgroup. If it is observed that the caregivers are not responsible for a subgroup but for the whole group on a random basis, a violation should be cited.

**Example 1:** Eight infants and toddlers are playing in Room A with two caregivers. One of the caregivers leaves the room for a short period of time to use the bathroom down the hall. Compliance is cited.

**Example 2:** Six infants and toddlers are in the room with one caregiver. The second caregiver assigned to the room leaves the building to pick up lunch at a nearby fast food restaurant. There are not enough caregivers remaining in the center to meet the caregiver to child ratios in the center. Noncompliance is cited.

- (3) The ratio of caregivers to children between the ages of 2 1/2 and 3 years of age present at anyone time in the center and during outdoor activities and field trips shall be at least 1 caregiver for 8 children or each fraction of 8, including the children who are related to the staff and the licensee.

## **TECHNICAL ASSISTANCE**

Children are **never** to be left unattended. Occasionally, **if two or more caregivers are present**, a caregiver may need to be away from their assigned area of the center, for a brief period of time, for routine activities such as use of restroom, toileting a child, attending to a sick child, escorting children from the bus, etc. The center would not be cited for this type of situation unless there is a significant disruption in the room, children's needs are not being met, or caregiver absences become too lengthy or too frequent.

### **Nap Time Supervision**

When all children in a room are asleep and settled, one caregiver may provide supervision. This will be dependent on the size of the room, the number and ages of children, the lighting in the room, etc. Additional caregiver(s) must be onsite and immediately available. When children begin to awake or become restless, normal ratio and supervision requirements apply.

### **Combining age groups**

When combining age groups of children, the caregiver to child ratio for the youngest child applies. The center may also designate the appropriate number of caregivers for each subgroup in the mixed age group. It should be easily observed that the caregivers designated for each subgroup are responsible for the care and supervision of the children in the subgroup. If it is observed that the caregivers are not responsible for a subgroup but for the whole group on a random basis, a violation should be cited.

**Example 1:** 12 children ages 2 ½ to 3 years old are in Room A with two caregivers. Compliance is cited.

**Example 2:** Nine children aged 2 ½ are in Room A with two caregivers. All the other children and staff normally at the center have gone on a field trip and won't be back until lunchtime. The cook calls in sick that day and one of the two caregivers goes to the kitchen, located on the other side of the building, to prepare lunch for the children. She is gone 30 minutes and the only way to contact her would be to go to the kitchen. Noncompliance is cited.

**Staff: additional provisions for care of children between ages birth and 3 years.**

- (4) A center shall arrange its staffing pattern so that each child between the ages of birth and 3 years has a primary caregiver to provide all of the following:
- (a) Continuity of 1 relationship.
  - (b) Continuity of care.
  - (c) Appropriate social interaction.

**TECHNICAL ASSISTANCE**

The purpose of primary caregiving is to ensure that each child's needs for intimacy and safety are met thereby fostering trust in adults and enhancing the positive emotional and social development of the child.

Children can form primary attachments with more than one person. However, the three critical benefits of primary caregiving – continuity of care, consistency, and appropriate social interaction – cannot happen if there are constant changes in caregivers.

**Continuity of 1 relationship**

- Each child must have an assigned primary caregiver.
- Continuity of one relationship is defined as having as few primary caregivers as possible for any one child during any given day and within any given week.
- As much as possible, these same caregivers should provide care for the child whenever the child is in care.

Consider the following in determining compliance:

- Review staffing to assure that each caregiver is assigned no more than 4 children at any one time.
- Observe children seeking out their primary caregiver for help and comfort.
- Observe caregivers providing individualized care during significant times of the day; e.g., feeding, nurturing, and diapering.
- Interview staff as to their understanding of how they meet primary caregiving responsibilities.

## **Continuity of care**

Continuity of care means caregiving practices are consistent between caregivers so that the following occur:

- Children experience predictability in their environment.
- Children have their needs met in a consistent manner by all caregivers.
- Children are assured a smooth transition between caregivers throughout the day regardless of shift changes.

Consider the following in determining compliance:

- Observe whether staff share information regarding individual children and their care when there is a new caregiver or shift change.
- Observe whether consistent caregiving techniques exist between caregivers.
- Observe communication between parents and caregivers or interview staff about communication between parents and caregivers.

## **Appropriate social interaction**

Appropriate social interaction means that all interaction between the child and the primary caregiver promotes positive social development.

Consider the following to determine compliance:

- Observe how primary caregiver assists the child in entering playgroups or facilitates interaction between children.
- Observe how caregiver helps children resolve conflict.
- Observe verbal and nonverbal praise for appropriate social interaction.
- Observe for nurturing behavior such as:
  - Being available to respond to the physical and emotional needs of the individual child.
  - Understanding the child's cues and being sensitive to the child as an individual.
  - Anticipating the individual child's needs to alleviate possible difficulties and undue stress.

While each child shall be assigned specific primary caregivers throughout the day, caregivers should work together with groups of children to assure a positive environment.

**R 400.5105b****Child placement contract; conditions; enforcement .**

- (1) The center and the parent of a child to be cared for by the center shall sign a placement contract that includes, at a minimum, all of the following provisions:
  - (a) Program activities requirements in R 400.5106.
  - (b) Formula, milk, and food requirements in R 400.5205.
  - (c) Diapering, toilet training plan, and hand washing requirements in R 400.5209.
  - (d) Staff and volunteer screening requirements in R 400.5102(2)(b).

**TECHNICAL ASSISTANCE**

All contracts must address subsections (a) and (d) of this rule. Subsections (b) and (c) need only be addressed if applicable.

If subsections (b) and/or (c) are not applicable, the center must indicate in their contract that the services identified in these subsections are not provided by the center.

Acceptable contract formats would include:

- a separate document
- referenced as part of a Parent Handbook (with signature page)
- copy of applicable rules (with signature page)

**CONSULTATION**

An effective child placement contract would indicate the specific services provided by the center, describe the specific activities provided in the program, explain the criteria the center uses to screen staff and volunteers, and, if applicable, procedures for feeding and diapering of infants and toddlers.

## **R 400.5106 Program.**

(4) A center shall permit parents to visit the program for the purpose of observing their children at all times.

### **TECHNICAL ASSISTANCE**

Unless custody has been established by a court action, one parent may not limit the other from observing the child or picking the child up from the child care center. The child information card that the enrolling parent signs states "persons other than parent..." The center has no legal right to withhold a child from a parent, unless there has been court action which limits one parent's right to the child.

### **CONSULTATION**

The following best practices are recommended in dealing with child custody conflicts:

- Maintain the role of the child's advocate.
- Limit any discussion with either parent to the child and the effects the conflict may be having on the child.
- Limit all discussions with the parent to a time when the child is not present.
- Request a copy of the judge's order that establishes custody.
- Do not answer questions regarding the child over the phone.
- If the non-custodial parent wishes to obtain information regarding the child, schedule an appointment and require identification.



**R 400.5106****Program.**

(5) A center operating with children in attendance for 5 or more continuous hours per day shall provide for daily outdoor play, unless prevented by inclement weather conditions.

**TECHNICAL ASSISTANCE**

The licensee is responsible and accountable for:

- Assuring that all children, including infants, are taken outside on a daily basis as weather permits.
- Assuring that children do not become overheated or excessively chilled.

Note: A violation should only be cited if there is indication of on-going non-compliance, rather than an observation of a single day.

**CONSULTATION**

Cold weather does not make children ill. Studies have indicated that children who are taken outdoors, even during cold weather for short periods of time, have fewer incidences of respiratory illnesses. Being outdoors in the fresh air helps children to stay healthy.

It is recommended that the following be taken into account when deciding about outdoor play:

- Wind-chill factor/temperature
- Severe weather conditions (i.e., lightning, heavy rain or snow, tornado watches/warnings)
- Degree of shelter there is from the wind
- Humidity levels/temperature
- Appropriate clothing for conditions
- Ages of the children
- Degree of sunshine or available shade
- Length of time of the play period
- Play activities planned
- Local community practices, health department advice, local school weather guidelines
- Knowledge regarding weather related symptoms children may exhibit such as heat or sunstroke, sunburn, dehydration, frostbite, hypothermia, etc.
- BRS PUBLICATION 95--*Rhythm, Rhymes and Happy Times*\*
- BRS PUBLICATION 90—*Infants*\*
- BRS PUBLICATION 92—*Toddlers*\*
- BRS PUBLICATION 93—*Preschoolers*\*
- BRS PUBLICATION 94—*Kindergarteners*\*
- BRS PUBLICATION 91--*School-Age Children*\*
- BRS PUBLICATION 96--*Working with Children Who Have Special Needs*\*

\* Available on the Department's website

**Discipline.**

- (2) Staff shall be prohibited from using the following as a means of punishment:
- (a) Hitting, spanking, shaking, biting, pinching, or inflicting other forms of corporal punishment.
  - (b) Restricting a child's movement by binding or tying him or her.
  - (c) Inflicting mental or emotional punishment, such as humiliating, shaming, or threatening a child.
  - (d) Depriving a child of meals, snacks, rest, or necessary toilet use.
  - (e) Confining a child in an enclosed area, such as a closet, locked room, box, or similar cubicle.

**TECHNICAL ASSISTANCE**

Discipline is not just getting a child to "mind". It involves helping a child to gain control over his or her own behavior. Children act best when they know the rules and when they know that you expect the rules to be followed. Positive discipline methods will help a child toward self-discipline and independence.

The licensee is responsible and accountable for:

- Assuring that spanking or any other form of hitting a child is not used even if parents give verbal or written permission.
- Assuring that a child's movement is not restricted by the use of a harness or leash.
- Assuring that strapping devices used on high chairs or handicapper chairs are used to stabilize the child and not for punishment or discipline.
- Assuring that firm and consistent expectations are given that do not cause children to feel shame or humiliation.

**CONSULTATION**

The following best practices are recommended:

- Positive methods of discipline include but are not limited to:
  - Distracting the child's attention from the unacceptable activity to a constructive one.
  - Talking to the child about the feelings he/she is having.
  - Suggesting other solutions to the problem the child is having.
  - Removing the child from the source of the conflict.
- Assure there is a relationship between the behavior and the discipline method being used.
- Assure that time out is not used as a punishment or threat or to excess. It should be reserved for use as a means to assist the child in regaining self-control.
- BRS PUBLICATION 689-- *Fussy Baby* (available on the Department's website)

- (4) A center shall have a written policy regarding the discipline of children. This policy shall be furnished to staff and parents.

### **TECHNICAL ASSISTANCE**

The licensee is responsible and accountable for:

- Describing in the written policy how caregivers will manage children's behavior by using positive methods of discipline and encouraging children to develop self-control.
- Assuring that the policy addresses methods that are appropriate for children of different ages and levels of understanding.
- Assuring that the policy states that physical punishment or other prohibited methods will not be used even if the parents give permission.

### **CONSULTATION**

The following best practices are recommended:

- Positive methods of discipline include:
  - Distracting the child's attention from the unacceptable activity to a constructive one.
  - Talking to the child about the feelings he/she is having.
  - Suggesting other solutions to the problem the child is having.
  - Removing the child from the source of the conflict.
- BRS PUBLICATION 331--*Child Management for Parents and Caregivers* (available on the Department's website).

**Equipment.**

- (1) A center shall provide an adequate and varied supply of play equipment, materials, and furniture, including all of the following:
- (a) Appropriate to the developmental needs and interests of children.
  - (b) Appropriate to the number of children.
  - (c) Safe, clean, and in good repair.
  - (d) Child-sized or appropriately adapted for a child's use.
  - (e) Easily accessible to the children.

**TECHNICAL ASSISTANCE**

"Appropriate to the number of children" means assuring that the number of toys, games and other indoor play equipment necessary are based on the number of children for which the center is licensed.

The minimum standard is 3 activity spaces per child in center's capacity. The minimum standard accessible for each child in attendance is 2 activity spaces. An activity space is defined as a piece(s) of equipment that one child can use independently for about 15 minutes. Activity areas (housekeeping, dramatic play, blocks, art) can vary from 2 to 4 activity spaces, depending upon the amount of equipment, accessories and space available.

Type of Equipment	# of Play Spaces
3 puzzles	1
3 small cars/trucks	1
3 books	1
3 balls	1
Set of Lego's	1-2
Board games	2-4
Computer activities	1-2
1 or more sets of building blocks	1-2

The licensee is responsible and accountable for:

- Assuring that children can easily access the equipment without direct adult assistance.
- Assuring that children's toys, games and play equipment will provide them with developmental opportunities that assist in developing manual dexterity, eye-hand coordination, spatial relationships, large muscle coordination, language skills, math and science concepts, social relationships, prewriting and pre-reading skills and more.
- Assuring that additional toys, games and other play equipment are available so broken equipment can be replaced and the children have more choices.
- Assuring that all toys, games, and other play equipment is appropriate for a child at his/her stage of development by being challenging and interesting, yet not so difficult

as to cause the child stress or anxiety.

- Assuring that all shelves and containers are sturdy, stable and free of hazards.
- Assuring the immediate removal, replacement or repair of any broken equipment or equipment with missing pieces.

### **Cribs**

- Corner posts should be flush with end panels or no more than 1/16 inch higher.
- Mattresses should fit tightly against the crib frame. If two or more fingers fit between the mattress and the frame, the mattress is too small.
- The crib should not contain bumper pads, pillows, stuffed animals, hanging toys, or mobiles within the child's reach.
- Slats on side rails should be no more than 2 3/8 inches apart.
- Determine that drop side latches cannot be released accidentally or by the baby. Current safety standards require that operation of the drop-side take two distinct actions or a minimum force of 10 pounds.
- Stacked cribs are time limited in usage according to age and size of infant. They are generally not appropriate for infants who have become significantly mobile.

### **Trampolines**

- Trampolines present a safety hazard and have the potential for serious injury according to the American Academy of Pediatrics and the Consumer Product Safety Commission. Trampolines are not recommended for day care settings.

Additional information regarding equipment safety can be found on the Agency's web site link to the Consumer Product Safety Commission web site.

## **CONSULTATION**

### **Trampolines**

- Trampolines present a safety hazard and have the potential for serious injury according to the American Academy of Pediatrics and the Consumer Product Safety Commission. Trampolines are not recommended for day care settings.

Additional information regarding equipment safety can be found on the Agency's web site link to the Consumer Product Safety Commission web site.

**Equipment.**

- (2) Children shall have access to equipment and materials in the following areas on a daily basis:
- (a) Large and small muscle activity.
  - (b) Sensory exploration.
  - (c) Social interaction and dramatic play.
  - (d) Discovery and exploration, including structuring and restructuring.
  - (e) Creative experiences through art, music, and literature.

**TECHNICAL ASSISTANCE**

**Minimum standard requires materials/equipment for the following types of activities:**

Type of activity	Equipment/Materials Examples
large muscle	climber balance beam
sensory exploration	sand, water, playdough
social interaction dramatic play	housekeeping area puppets
discovery & exploration structuring/restructuring	science materials puzzles, blocks
creative experiences through art, music, literature	art supplies musical instruments reading materials

To be counted, equipment must be:

- Appropriate to the developmental needs and interests of children.
- Safe, clean and in good repair (unbroken with all pieces).

**Duty of parents to provide children's records.**

- (3) Within 30 days of initial attendance, one of the following documents shall be provided to the center by the parent and be kept on file in the center:
- (a) Parents of children birth through 2½ years shall provide one of the following:
- (i) A document signed by a licensed physician or his or her designee that a physical evaluation has been made within the preceding 3 months. Activity restrictions shall be noted.
- (b) Parents of children 2½ years to school age shall provide one of the following:
- (i) A document signed by a licensed physician or his or her designee that a physical evaluation has been made within the preceding 1 year. Activity restrictions shall be noted.

**TECHNICAL ASSISTANCE**

Physical evaluations are acceptable from the following:

- An M.D.
- A D.O.
- A designee who is supervised by a licensed physician such as a Physician Assistant, nurse practitioner, or nurse

Any person who is not supervised by a licensed physician and who is working independently is not considered a designee and therefore is not acceptable under this rule (e.g., a nurse or nurse practitioner who contracts services independently, a chiropractor, etc.).

- (1) A center shall have written procedures for the evacuation and care of children and staff for each of the following emergencies:
- (a) Fire.
  - (b) Tornado.
  - (c) Serious accident, illness or injury.

### **TECHNICAL ASSISTANCE**

The licensee is responsible and accountable for:

- Assuring that the fire plan includes:
  - A floor plan showing the location of the nearest exits, including any window used as a second exit.
  - Locations of smoke detectors and fire extinguishers.
  - A designated meeting place.
  - A description of the duties and responsibilities of adult caregivers and volunteers, including accounting for all children.
- Assuring that the tornado plan includes:
  - A floor plan showing the location where adults and children should take cover.
  - A description of the duties and responsibilities of adult caregivers and volunteers.
- Assuring that the serious accident/injury plan includes:
  - Phone numbers for emergency personnel, including Poison Control.
  - Phone number of designated emergency person.
  - Location of child information records.
  - Location of emergency supplies.
- Specific plans for evacuation of infants, toddlers, and children with disabilities.
- Assuring that the serious accident/injury plan includes the process used for seeking help for the victim as well as the other children in care.
- Assuring that emergency and evacuation procedures are posted in each room being used by children.

The licensee should consider the possibility that she/he may not be present at the time of an emergency when formulating the emergency and evacuation procedures.



**R 400.5115****Telephone service.**

A telephone shall be available, operable, and accessible in the building during the hours that the center is in operation. Pay telephones shall not be considered as meeting this requirement. Emergency telephone numbers, including fire, police, poison control center, and ambulance, shall be conspicuously posted immediately adjacent to the telephone.

**TECHNICAL ASSISTANCE**

The licensee is responsible and accountable for:

- Assuring that if a cell phone or cordless phone is used in place of a land-line phone, it is always charged, turned on and available during the day care hours of operation.

**Indoor activity space.**

- (3) In determining activity space under subrules (1) and (2) of this rule, the activity space shall not include any of the following:
- (a) Hallways.
  - (b) Bathrooms.
  - (c) Reception and office areas.
  - (d) Kitchens.
  - (e) Storage areas and cloakrooms.
  - (f) Areas used exclusively for resting, sleeping, or eating.

**TECHNICAL ASSISTANCE**

The following guidelines should be used when determining indoor activity space:

- Open, built-in shelves may be included in the total square footage. Begin measuring from the back of the shelf. However, closed shelving is not to be included. Measure from the front of the cupboard/shelf unit.
- Moveable shelves, if open and available, are not deducted from the available square footage.
- Space within the children's use area used to store cots is not deducted.
- Teachers' desk and storage areas within the room, if minimal, are not to be deducted.
- When a center changes use of space, or creates storage or other unusable areas, the consultant may deduct that space.
- In order for a room to be counted towards capacity, it needs to be available and used on an on-going basis throughout the hours of operation. This includes gyms, libraries, cafeterias, and computer rooms.
- Raised areas or lofts are not to be counted when calculating square footage for capacity.
- In infant areas, the space where cribs are located is counted when calculating square footage for capacity.

- (5) Equipment in an outdoor play area shall comply with the Playground Equipment Safety Act, Act No. 16 of the Public Acts of 1997, as amended, being sections 408.681 et. seq. of the Michigan Compiled Laws.

**TECHNICAL ASSISTANCE**

**Original Licenses**

- The Playground Equipment Safety Act, Act No. 16 of the Public Acts of 1997, applies to new or existing equipment.

**Renewal Licenses**

- The Playground Equipment Safety Act applies to equipment installed in 2001 and later.

**School Programs**

- This rule applies to school-sponsored programs only to the extent that such application is possible "without requiring substantial alteration, removal, or replacement of the existing equipment." (Act 116, PA 1997)

**Verification of Compliance**

Compliance with this rule can be verified by:

- A written statement or certificate from the equipment manufacturer and/or installer.
- An inspection report by a certified playground safety inspector.
- A written statement from the licensee that the equipment will not be used (if verification of compliance with the Playground Equipment Safety Act cannot be produced).

**Note:** The Playground Equipment Safety Act should not be applied to equipment intended only for use by children 2 years old or younger.

Regardless of age of equipment, status of license, or age of intended user, the consultant is required to conduct a general playground safety and maintenance assessment using the approved checklist.

Refer to Publication 325, Handbook for Public Playground Safety, for additional information. ([www.cpsc.gov/cpscpub/pubs/325.pdf](http://www.cpsc.gov/cpscpub/pubs/325.pdf))

**R 400.5118****Exemption from rule.**

- (1) Upon written request of an applicant or licensee, the department may grant an exemption from an administrative rule if there is clear and convincing evidence that the alternative to the rule complies with the intent of the administrative rule from which exemption is sought.

**TECHNICAL ASSISTANCE**

The licensee is responsible and accountable for:

- Submitting a written request for an exemption to a particular rule and the alternative proposed to meet the intent of the rule.
- Assuring that the alternative proposed does not compromise the safety of children.
- Assuring that the proposed change is not initiated until written confirmation is received approving the exemption request.

Note: If the exemption is requested on a rule regarding environmental health or fire safety, confirmation may be needed from an environmental health sanitarian or a fire safety authority regarding the proposed options.

**R 400.5204****Sleeping equipment; seating for staff.**

- (1) Children less than 12 months of age shall sleep in cribs or beds with side rails and firm mattresses. Children 12 months of age and older shall sleep in cribs, beds, or cots. Each sleeping device shall have a washable, waterproof covering and appropriate bedding.

**TECHNICAL ASSISTANCE****For children less than 12 months of age**

- There must be a bed or crib available for the number of children under the age of 12 months in the licensed capacity.
- A portable crib is the only acceptable alternative to cribs and beds.
- Playpens, swings, bouncing seats, padded cushions, futons, bassinets, and pack 'n plays are not approved sleeping equipment.
- Stacked cribs are time limited in usage according to age and size of infant. They are generally not appropriate for infants who have become significantly mobile.
- All bedding shall be for the exclusive use of one child. Cribs should be sanitized and bedding laundered between uses by different children.
- The mattress must be a manufactured mattress, made specifically for a bed or crib. Pieces of foam, etc. are not acceptable.
- The mattress must be tight fitting so that a child cannot be lodged between the mattress and the sides of the crib or portable crib.

**For children 12 months of age or older**

- A waterproof mat at least 1" thick is an acceptable alternative to cribs, beds or cots.

This rule must be accessed in conjunction with R400.5108 (1)(c) regarding sleeping equipment being safe, clean and in good repair.

**CONSULTATION**

The following best practices are recommended to reduce the risk of infant death due to SIDS or suffocation:

- Lay an infant to sleep on his/her back.
- Provide a crib with a firm, tight-fitting mattress and sheets that fit tightly.
- Avoid the use of pillows, bumper pads, stuffed toys, etc., as these have the potential to trap air and cause suffocation.
- If a blanket is used, the infant should be placed at the foot of the crib with a thin

blanket tucked around the crib mattress, reaching only as far as the infant's chest.

- An infant's head should remain uncovered during sleep.
- Provide a smoke-free environment, as smoke around children has been associated with SIDS.
- Assure that a sleeping infant is not overheated, and that the room is at a comfortable temperature.

A center shall implement a health care services plan, which has been developed in conjunction with a licensed physician or registered nurse, that includes not less than the following:

- (a) Health practices and policies.
- (b) Health resources.
- (c) Staff training.

### TECHNICAL ASSISTANCE

#### **Health Practices and Policies**

Basic issues to cover under the Health Practices and Policies include:

- Hand washing procedures for children and staff.
- Diapering procedures: designated diapering area, method of sanitizing, disposal and storage of diapers.
- Methods of sanitizing bottles and nipples, if applicable.
- Proper labeling, storage and disposal of formula, milk and foods.
- Maintenance of sleeping equipment (beds, cots, blankets, sheets, pillows) in a sanitary manner.
- Procedures for cleaning and sanitizing equipment, toys and other surfaces.
- Plan for observation of general health of children, including recognition of disease symptoms, unknown rashes, and developmental deficiencies.
- Policies regarding what symptoms indicate the child should remain at home (fever, diarrhea, vomiting, etc.) and when the sick child can return to the center.
- Plan for handling minor injuries such as bumps, bruises or minor cuts.
- Plan for handling serious accidents or injuries.
- Procedures for obtaining and maintaining updated physicals and immunizations.
- Plan for giving medications and storage of medications.
- Plan for reporting suspected child abuse or neglect.
- Continuing record keeping of food intake, sleeping patterns, bowel movements, and developmental milestones for children up to 12 months of age.

It is important for providers to review all child care center rules to assure their policies comply with the specific rule related to each policy written.

#### **Health Resources**

Health Resources are available in each community to assist centers with information and training. These resources might include speakers, written materials, videos and training from local colleges or universities, hospitals, medical professionals, local health departments, and the American Red Cross. Parents can be informed by setting up a parent center that includes health information and a list of available resources in the community. Ongoing consultation can be established by setting up an agreement with a local licensed physician or registered nurse. There may also be a resource person among the parents.

**Staff Training**

Staff Training should include the following:

- Initial orientation for new staff.
- Ongoing training utilizing the training services of the American Red Cross, the local health department, or other community health resources.
- The posting of health practices, policies and procedures.

Staff Training topics should include the following:

- Symptoms of common childhood diseases.
- First aid for common injuries.
- Sanitization procedures, especially for diapering and food preparation.
- Administering medications and keeping accurate records.
- Recognizing signs of child abuse and neglect.